

QUALITY IMPROVEMENT AND ASSURANCE (QIA )  
ACTIVITY SUMMARY REPORT

<b>Annual Resident Safety Review<sup>1</sup></b>		
Note the start and end-dates of the review period	_____	_____
	Year #1	Year #2
Note the staff person(s) who conducted the review		
State the specific <u>safety policy or procedure</u> that was reviewed <sup>2</sup> ( <i>attach another sheet if necessary</i> )		
Summary of findings ( <i>attach another sheet if necessary</i> )		
Describe proposed remediation, any staff assignments and target completion date		
Outcome of action taken		

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<sup>1</sup> 651 CMR 12.04(10)(b) ; see also *Assisted Living Certification Standards: Frequently Asked Questions* (FAQs) (Massachusetts Executive Office of Elder Affairs, May 2007), at pp. 16 -17.

<sup>2</sup> In accordance with 651 CMR 12.04(10)(b), “the Residence shall review *policies and procedures* designed to ensure a safe environment for all *residents*.”